

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.1

DATE: April 13, 2011

ACTION REQUESTED: Ratify Minor Curriculum Revisions

REQUESTED BY: Catherine M. Todero, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- 9.1.1 California State University, Fullerton, Baccalaureate Degree Nursing Program, Entry Level Master's Degree Option
- 9.1.2 Holy Names University LVN to Baccalaureate Degree Nursing Program
- 9.1.3 Humboldt State University Baccalaureate Degree Nursing Program
- 9.1.4 Loma Linda University Baccalaureate Degree Nursing Program
- 9.1.5 University of California, Los Angeles, Baccalaureate Degree Nursing Program and Entry Level Master's Degree Nursing Program Option
- 9.1.6 United States University Entry Level Master's Degree Program
- 9.1.7 MiraCosta College Associate Degree Nursing Program
- 9.1.8 Pacific Union College Associate Degree Nursing Program
- 9.1.9 University of Phoenix Family Nurse Practitioner Program

Progress Report:

- 9.1.10 Humboldt State University Baccalaureate Degree Nursing Program
- 9.1.11 Simpson University Baccalaureate Degree Nursing Program
- 9.1.12 Riverside Community College Associate Degree Nursing Program

NEXT STEP: Notify programs of Board action

FISCAL IMPLICATION(S), IF ANY: None

PERSON(S) TO CONTACT: Leslie A. Moody, Nurse Education Consultant
(760) 369-3170

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: March 10, 2011

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
California State University, Fullerton , Baccalaureate Degree Nursing Program, Entry Level Master's Degree Nursing Option	M. Minato	01.26.2011	The ELM curriculum was revised to have the students take their NCLEX exam at the end of the fifth semester after completing their PHN courses, which better prepares the students for the exam and should not interfere with students' employment activities. Additionally, the sequence of the courses was changed to introduce the graduate courses one semester early. There were no changes with units for the program.
Holy Names University LVN to Baccalaureate Degree Nursing Program	K. Daugherty	01.10.2011	Program is changing the total degree/graduation units from 120 units to a unit range of 120-123 to reflect the requirements (Linguistics 145-3 units) for students who do not speak another language or have not completed three or more years of language in high school. CRL requirements remain unchanged.
Humboldt State University Baccalaureate Degree Nursing Program	J Wackerly	02.9.2011	Rollin C. Richmond President Humboldt State University notifies faculty, staff, students his intent to discontinue Humboldt State's Bachelor of Science in Nursing (BSN) program. The notice of President Richmond decision was February 9, 2011.
Loma Linda University Baccalaureate Degree Nursing Program.	B. Caraway	01.21.2011	The program is renumbering, renaming, and making unit changes to the following two nursing management courses to strengthen the students leadership skills : 1. Nursing Management (NRSG414) with 6 units is changing to Capstone Management and Leadership (NSRG 419) with 5 units 2. Professional Nursing Practice Elective (NRSG 417) with 7 units is changing to Capstone Nursing Practicum (NRSG 418) with 8 units. The total 101 units for licensure remained unchanged.
University of California, Los Angeles, Baccalaureate Degree Nursing Program and Entry Level Master's Degree Nursing Program Option	M. Minato	12.20.2010	The program reported curriculum changes to both the BSN program and ELM Option. Changes for both curricula are similar and involve combining all courses that have a separate theory and related clinical course into one course, developing a new critical care theory course and adding an additional unit to Advanced Leadership/Role Integration course.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: March 10, 2011

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
			<ul style="list-style-type: none"> The overall changes for BSN Program results in no change in total theory units and an addition of two clinical units, making the total units for required nursing as 80 quarter units (50 theory/30 clinical); The overall changes for ELM Option prelicensure units has no change in total theory units and an addition of two clinical units, making the total required nursing units as 78 quarter units (48 theory/30 clinical).
United States University Entry Level Master's Degree Program	L. Moody	01.13.2011	Community Health Nursing course (3u Theory, 1u Clinical) added to final prelicensure semester, increasing total units for licensure to 67 and total units for graduation to 103.
MiraCosta College Associate Degree Nursing Program	L. Moody	01.25.2011	A 1-4 unit work-study course is added as an elective option to provide students the opportunity to practice skills and become known to a potential employer during completion of the nursing program.
Pacific Union College Associate Degree Nursing Program	J Wackerly	01.3.2011	Pacific Union College has closed the Hanford CA LVN to RN program. The closure is due to decreased enrollment at Hanford site and the increase enrollments in other ADN programs in the greater Fresno area.
University of Phoenix Family Nurse Practitioner Program	J Wackerly	12.28.2010	Revision Master in Science of Nursing/Family Nurse Practitioner program and Postmaster's Certificate Program: NRP/516 Advance Health Assessment lab hours changed from 56 hours to 45 hours; NRP/Clinical Procedures additional workshop added to diagnostic procedures commonly ordered in primary care with change in credit from 1 credit with 3 workshops to 2 credit and 4 workshops; NRP/566 Preceptorship clinical hours changing from 460 hours over 23 weeks to 480 clinical hours over 30 weeks. Total clinical hours change from 711 to 720 with a minimum of 500 primary care hours.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: March 10, 2011

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
Humboldt State University Baccalaureate Degree Nursing Program	J. Wackerly	01.03.2011	The pediatric clinical rotation N 374 Maternal/Child/Family Nursing is requesting to change due to inadequate pediatric inpatient census in three local hospitals. Pediatric faculty have attempted to locate additional pediatric clinical inpatient sites in Central California and Portland Oregon; and they were consistently told there was no availability for HSU nursing students. The request is for a new community based agency site; Multiple Assistance Center Child Care program (MACC). MACC is licensed by Dept of Social Services. The MACC high risk families live in a Multiple Assistance Center which has a permit from the Humboldt County Department of Health and Human Services. The MACC program provides multidisciplinary care to children and families in crisis. Average daily census is 30-40 children ages 0-18 years of age with varying acute and chronic healthcare and psychological issues. Thirty N 374 nursing students will be divided into smaller groups with each group having one day per week of clinical practice at the MACC program under the direct supervision of their clinical faculty. Each group of nursing students will be at the Humboldt Bay Regional Simulation Center for 3hrs/week and students will rotate through 1.) Surgi-Center when they schedule pediatric procedures; 2.) Pediatric Cardiac clinic experience with a cardiac RN and UCSF medical staff; and 3.) Pediatric physician office practices.
Simpson University Baccalaureate Degree Nursing Program	K. Daugherty	01.07.2011	Verification of readiness for actual program start up was completed via the customary follow up visit. Twenty four students have been admitted into the first cohort and begin instruction next week. Follow through on the recommended reduction in the number of required GE units for the degree are progressing appropriately.
Riverside Community College Associate Degree Nursing Program	L. Moody	02.07.2011	The extended campus facilities and resources have been relocated to Moreno Valley College campus. The new location was evaluated and found to provide adequate resources in all aspects to support student learning needs and faculty delivery of instruction in compliance with BRN requirements.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.2

DATE: April 13, 2011

ACTION REQUESTED: Education/Licensing Committee Recommendations

REQUESTED BY: Catherine Todero, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

The Education/Licensing Committee met on March 10, 2011 and makes the following recommendations:

- A. Continue Approval of Prelicensure Nursing Program:
 - National University Baccalaureate Degree Nursing Program
- B. Approve Major Curriculum Revision:
 - California State University, Sacramento, Accelerated Baccalaureate Degree Nursing Program Option
 - California State University, Stanislaus, Accelerated Baccalaureate Degree Nursing Program Option

A summary of the above requests and actions is attached.

NEXT STEP: Notify programs of Board action

**FISCAL IMPLICATIONS,
IF ANY:** None

PERSON(S) TO CONTACT: Leslie A. Moody, Nurse Education Consultant
(760) 369-3170

**Education/Licensing Committee Recommendations
From meeting of March 10, 2010**

Education/Licensing Committee Recommendations:

A. CONTINUE APPROVAL OF NURSING PROGRAM

• **National University Baccalaureate Degree Nursing Program**

Dr. Mary McHugh is the current program director and the Chair for the nursing department. On August 11, 2010, a program visit was made to National University, Baccalaureate Degree Nursing Program – Fresno campus in response to concerns submitted by students to the BRN. The program was found to have six areas of Non-compliances and three Recommendations were made. The program submitted a plan of correction on October 3, 2010, reflecting significant action had been taken in some areas and additional action was planned to address the remaining areas of noncompliance. The findings of the August visit to the Fresno campus and the program's response were reported to the Education Licensing Committee at the November 16, 2010 meeting and to the full Board at the November 17, 2010 meeting at which time the board deferred action to continue approval of National University Baccalaureate Degree Nursing program, directed that monitoring of the program's progress in implementing their plan of correction at the Fresno campus continue, that a visit be scheduled and conducted at the Los Angeles campus of the program, and that the program submit a progress report to the ELC at the March, 2011 meeting. Nursing Education Consultants (NEC) L. Moody and M. Minato conducted a visit to the National University, Los Angeles campus on December 16, 2010. Findings of concern at this campus of the program were similar to those at the Fresno campus. These areas of concern were reviewed with the program director. NECs advised that these issues need to be resolved without delay and a progress report reflecting complete implementation of all corrective actions for the program at all locations should be submitted no later than January 31, 2011. In January 2011, Dr. Mary McHugh was newly appointed as director of the program. Prior to January 31, a progress report was submitted by the program that described a plan with actions implemented which corrected all areas of Non-compliance and Recommendation stemming from visits to both the Fresno and Los Angeles campuses.

ACTION: Continue approval of National University Baccalaureate Degree Nursing Program with Nursing Education Consultant to perform a follow-up site visit to the program's Fresno campus in April 2011 to validate the program's continued compliance.

B. APPROVE MAJOR CURRICULUM REVISIONS

• **California State University, Sacramento, Accelerated Baccalaureate Degree Nursing Program Option**

Carolynn M. Goetze, PhD, RN, Program Director and Chair for the Division of Nursing, and Ann Stoltz, PhD, RN, the designated ASBSNc Program Coordinator for the CSU Sacramento campus. CSU Sacramento and CSU Stanislaus are requesting a major curriculum change for each campus to be able to offer a collaborative fifteen-month ASBSNc option through each institution's self support contract education division. As a collaborative program option, ASBSNc students at each campus will enroll in five "shared" theory courses on the other campus, and then transfer the five courses back to their home campus for BRN Content Required for Licensure and degree credit. The remainder of program courses will be taken through their home campus including all clinical courses. The BSN degree will be awarded by each home campus. Each campus plans to enroll 20-30 students in the proposed 15 months collaborative ASBSNc option once a year beginning in August

or December 2011. Revenues from student tuition and fees will be the primary source of funding for each campus. All aspects of both programs were evaluated by staff of both schools, and it was determined that program philosophies, conceptual frameworks, learning outcomes, course content, program policies/procedures, course syllabi, course expectations, methods of evaluation and instructional delivery methods are closely aligned and congruent thus making a collaborative arrangement between the two campuses feasible. Appropriate evaluation strategies have been developed to coordinate and monitor course performance/learning outcomes in the ten “shared” courses. A liaison will be assigned from each school. The liaison role will include serving as a link for students of one school when in courses taught by the other school, and will also be the link between faculty and the coordinator across the two schools. Faculty from both schools will regularly meet to align syllabi and instructional methodology and perform review of curriculum for shared courses. The problem-solving chain will be progressively the course faculty (for students) then (for faculty or students) the program liaison, coordinator and program director for the school to which the student/faculty is primarily assigned. Clinical placements are believed to be adequate to accommodate additional students. The planned August start will avoid conflict with other nursing student cohorts regarding clinical placements. Faculty shortages that resulted in CSU Sacramento’s 2007 decision to suspend offering an accelerated program do not present an obstacle at this time. Adequate faculty is now available for program delivery, in part due to the sharing of faculty with CSU Stanislaus. The actual change in units from the generic program results from a reduction of one unit of nursing courses and that students will not have to complete additional general education units for graduation as they will have previously earned a Baccalaureate degree. This allows for program completion within fifteen months. Identified opportunities associated with this collaboration include: an additional 40 - 60 students admitted each year resulting in 40 - 60 new baccalaureate prepared registered nurses per year; sharing of limited faculty resources; utilizing innovation to transform nursing education; creating a model program for collaboration that can be replicated; increasing local health care agency/education relationships; generating revenue producing options to augment traditional funding sources.

ACTION: Approve the major curriculum revision for the California State University, Sacramento, Accelerated Baccalaureate Degree Nursing Program Option (collaborative with CSU Stanislaus), with requirement that the program provide additional documentation to the ELC, prior to the April 13, 2011 Board meeting, and which indicates the school has initiated the process of obtaining approval from the Chancellor’s office, the Western Association of Schools and colleges does not require additional curriculum or program approval, and that the additional students can be accommodated at the intended clinical facilities without displacing existing students from this or other programs.

- **California State University, Stanislaus, Accelerated Baccalaureate Degree Nursing Program Option**

Dr. Margaret Hodge, Director of the School of Nursing. It was reported that the collaborative program faculty will utilize instructional delivery methodologies including face to face, online, videostreaming, iMEET, and Blackboard distance education technologies. The program coordinators and faculty will work under the direction and supervision of the program director on each respective home campus. Faculty competence in the area of distance education delivery will be guaranteed by prior experience of faculty and additional training. There are adequate clinical facilities and placements available to support the planned program of instruction and anticipated enrollment pattern. Students will be required to travel out of the area for pediatric clinical rotations. The ASBSNc will be offered at CSU Stanislaus’ extended campus site in Stockton. Plans to renovate and customize the site for the ASBSNc include the addition of an eight-bed skills/health assessment lab, two-bed simulation lab, three smart classrooms, student library, faculty offices,

administrative offices, and technology support for delivery of instruction (diagram was provided in agenda packet materials). Plans have been approved and funding obtained from the Stockton site authority and the Chancellor's office. Bids have been secured and renovation will begin when the program receives BRN approval. The NEC will conduct site visits prior to program implementation to verify readiness of the extended campus site. An interim visit will be scheduled as the first cohort of students are completing the last 10-week term. If no areas of non-compliance or issues/concerns are identified, the ASBSNc will be visited on the same schedule as the traditional BSN degree option.

ACTION: Approve the major curriculum revision for the California State University, Stanislaus, Accelerated Baccalaureate Degree Nursing Program Option (collaborative with CSU Sacramento) with requirement that the program provide additional documentation to the ELC, prior to the April 13, 2011 Board meeting, that indicates the school is in process of obtaining approval from the Chancellor's office, the Western Association of Schools and colleges does not require additional curriculum approval, and that the additional students can be accommodated at the intended clinical facilities without displacing existing students from this or other programs.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.3

DATE: April 13, 2011

ACTION REQUESTED: Memorandums of understanding for California approved registered nursing programs in partnership with out-of-state online registered nursing programs

REQUESTED BY: Catherine Todero, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

The purpose of placing this item on the Education Licensing Committee agenda is to review: the history of these partnerships; the BRN legal authority for approving a partnership; the requirements for a partnership; and, the continuation of these partnerships in California.

History

The impetus behind these partnerships was the requests from out-of-state pre-licensure registered nursing programs that had students enrolled in their online programs who were living in California. These programs were interested in these students doing their required clinical nursing courses in their local communities.

In conjunction with this, the partnership model provided a mechanism for out-of-state nursing programs that did include clinical requirements/courses for its pre-licensure registered nursing program, to meet the California BRN requirements.

In 2006, the BRN approved the first partnership in California between Sonoma State University and Indiana State University. This partnership continues to operate today.

The second partnership in the San Diego and Glendale areas between the University of Oklahoma and San Diego State University is currently being phased-out. The last University of Oklahoma student cohort is scheduled to graduate from the Glendale area in May 2011. Currently, efforts are under way by two new programs to replicate this partnership.

Both of these out-of-state partnerships were BRN approved. BRN legal counsel provided input throughout the process. Details related to each partnership are documented in the Education Licensing Committee and BRN meeting minutes and packets.

Legal Authority

The California Board of Registered Nursing lacks jurisdictional authority to approve out-of-state prelicensure registered nursing programs.

Further, Section 2729 (a) of the California Nursing Practice Act states: *Nursing services may be*

rendered by a student when these services are incidental to the course of study of one of the following: A student enrolled in a board-approved prelicensure program or school of nursing.

Based on the foregoing information, an out-of-state online prelicensure nursing program seeking clinical placements for its students in California was advised to establish a partnership (through a written agreement - Memorandum of Understanding) with a California BRN approved pre-licensure registered nursing program.

Partnership Requirements

There are multiple assumptions and requirements related to the Partnership - Memorandum of Understanding (MOU).

Pursuant to the MOU, the out-of-state students are permitted to take the out-of-state nursing program's clinical courses in California. These students are graduates of the out-of-state nursing program, and take the licensing exam as out-of-state graduates.

The out-of-state nursing program is held to the same standard as California nursing programs.

The following list describes the key requirements of the MOU with details of the role and responsibilities of the two academic institutions.

- 1) Both academic institutions are required to meet all applicable State and Federal laws and regulations, as well as health care facility requirements.
- 2) Both academic institutions are required to have Board of Nursing approval from their respective states, as well as comparable regional accreditation and accreditation by a nationwide professional nursing education organization. All approvals and accreditations must be in good standing.
- 3) The California BRN approved pre-licensure nursing program must obtain and maintain clinical facility agreements that meet CCR Section 1427 on behalf of the out-of-state partner.
- 4) The MOU must identify the mechanism that will be used to implement the partnership between the two academic institutions, for example simultaneous enrollment.
- 5) Only qualified students, as described in the MOU, will be placed in clinical facilities. These students will successfully complete evaluation of clinical skill sets in a clinical nursing laboratory prior to application in the clinical setting.
- 6) The MOU must provide the projected enrollments for the out-of-state nursing program. The out-of-state nursing students will not displace any existing relationship with any other nursing program as a result of this program.
- 7) The MOU describes the clinical courses and the instructional model to be used in the clinical area.
- 8) The out-of-state clinical courses using a traditional instructional model are required to establish faculty to student ratios consistent with CCR Section 1424 (k), not to exceed a maximum ratio of faculty member per 10 students.
- 9) The out-of-state clinical faculty members must: have an active, clear, current, California RN license; hold a master's degree or higher in nursing or related field; and meet BRN requirements for instructor-

CCR Section 1425 (d).

10) An out-of-state preceptorship will meet California BRN Preceptor Guidelines incorporated into CCR effective October 21, 2010. All clinical preceptors used by the out-of-state nursing program will have California RN licenses in good standing and meet the BRN requirements for assistant instructors-CCR Section 1425 (e).

11) The out-of-state nursing program will provide a Clinical Education Director in California. The CED will have a California RN license in good standing and meet the BRN requirements for instructor-CCR Section 1425 (d)). The CED's responsibilities are further described in the MOU.

12) The MOU describes the California BRN's authority with respect to the academic partnership, specifically: initial and ongoing approval of the partnership; approval of enrollment projections; monitoring and reporting requirements; and, the ability to terminate a partnership.

Clinical Facility Agreements

1) The written agreement between the BRN approved nursing program and California-based health care facility must identify the academic partnership, and specify the out-of-state student population who will be placed at the facility pursuant to the agreement.

2) The written agreement must identify the ongoing responsibility of the BRN approved nursing program, as well as the responsibilities/delegated activities of the out-of-state nursing program.

3) The written agreement must meet CCR Section 1427 (c).

4) In addition to the Clinical Facility Approval Forms, each facility used by the partnership must: provide information on the current utilization of the facility by other nursing programs; and, provide a grid demonstrating placement of the out-of-state nursing students by term through implementation of all clinical nursing courses without displacement of existing nursing programs.

Next Steps

At this time, the BRN Partnership Model is being presented to the Board for two purposes to:

- Review of the legal authority for the Partnership Model in California, and
- To determine continuation of the Out-of-State Nursing Program Partnerships.

NEXT STEP: None

**FINANCIAL
IMPLICATIONS,
IF ANY:** None

PERSON(S) TO CONTACT: Carol Mackay, Nurse Education Consultant
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BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.4

DATE: April 13, 2011

ACTION REQUESTED: Accreditation of Prelicensure Nursing Programs Update

REQUESTED BY: Catherine Todero, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

At their February, 2011 meeting, the Board endorsed the Education/Licensing Committee's recommendation of scheduling four public forums at different locations (Sacramento, Fresno, Los Angeles, San Diego) to receive stakeholder input regarding the proposal to require regional accreditation for schools that provide or affiliate with a prelicensure registered nursing program.

Scheduling of public forums has been completed for all four locations, and public notices have been disseminated and also posted on the BRN website.

NEXT STEP: Conduct public forums and report participant's input to the ELC and Board.

FINANCIAL IMPLICATIONS, IF ANY: None

PERSON(S) TO CONTACT: Leslie A. Moody, Nurse Education Consultant
(760) 369-3170

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.5

DATE: April 13, 2011

ACTION REQUESTED: 2009-2010 Regional Annual School Reports

REQUESTED BY: Catherine Todero, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

The Regional Annual School Reports present the historical analyses of nursing program data from the 2000-2001 BRN Annual School Survey through the 2009-2010 survey for the nine economic regions in California. Each region has a separate report. All data are presented in aggregate form, and describe the overall trends in these regions over the specified periods. The data items addressed include the numbers of nursing programs, enrollments, completions, retention rates, student and faculty census information, simulation centers and student access to clinical sites and experiences.

The nine regions include: (1) Northern California, (2) Northern Sacramento Valley, (3) Greater Sacramento, (4) Bay Area, (5) San Joaquin Valley, (7) Central Coast, (8) Southern California I (Los Angeles and Ventura Counties), (9) Southern California II (Orange, Riverside, and San Bernardino Counties), and (10) Southern Border Region. Counties within each region are detailed in the corresponding report. The Central Sierra (Region 6) does not have any nursing programs and was, therefore, not included in the analyses.

The San Francisco Bay Area Report (Region 4) is attached as a sample.

NEXT STEP: Post final reports on the BRN website

FINANCIAL IMPLICATIONS, IF ANY: None

PERSON(S) TO CONTACT: Julie Campbell-Warnock
Research Program Specialist
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California Board of Registered Nursing

2009-2010 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

Bay Area

March 30, 2011

Prepared by:
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INTRODUCTION

Each year, the California Board of Registered Nursing (BRN) requires all pre-licensure registered nursing programs in California to complete a survey detailing statistics of their programs, students and faculty. The survey collects data from August 1 through July 31. Information gathered from these surveys is compiled into a database and used to analyze trends in nursing education.

The BRN commissioned the University of California, San Francisco (UCSF) to conduct a historical analysis of data collected from the 2000-2001 survey through the 2009-2010 survey. In this report, we present ten years of historical data from the BRN Annual School Survey. Data analyses were conducted statewide and for nine economic regions¹ in California, with a separate report for each region. All reports are available on the BRN website (<http://www.rn.ca.gov/>).

This report presents data from the 10-county Bay Area. Counties in the region include Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma. All data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs. Additional data from the past ten years of the BRN Annual School Survey are available in an interactive database on the BRN website.

Data collected for the first time on 2009-2010 survey are identified by the symbol (‡). The reliability of these new data will be reviewed and considered for continued inclusion in future surveys.

¹ The nine regions include: (1) Northern California, (2) Northern Sacramento Valley, (3) Greater Sacramento, (4) Bay Area, (5) San Joaquin Valley, (7) Central Coast, (8) Southern California I (Los Angeles and Ventura counties), (9) Southern California II (Orange, Riverside, and San Bernardino counties), and (10) Southern Border Region. Counties within each region are detailed in the corresponding regional report. The Central Sierra (Region 6) does not have any nursing education programs and was, therefore, not included in the analyses.

DATA SUMMARY AND HISTORICAL TREND ANALYSES

This analysis presents pre-licensure program data from the 2009-2010 BRN Annual School Survey in comparison with data from previous years of the survey. Data items addressed include the number of nursing programs, enrollments, completions, retention rates, student and faculty census data, the use of clinical simulation by nursing programs, and clinical space and practice restrictions.

Trends in Pre-Licensure Nursing Programs

Number of Nursing Programs

There are 30 nursing programs in the Bay Area that lead to RN licensure. Of these programs, 18 are ADN programs, 7 are BSN programs, and 5 are ELM programs. The majority (76.7%) of pre-licensure nursing programs in the Bay Area are public. There were no new programs in the region in the last year.

Number of Nursing Programs

	<i>Academic Year</i>									
	<i>2000-2001</i>	<i>2001-2002</i>	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>	<i>2009-2010</i>
Total # Nursing Programs	27	27	27	27	28	28	29	30	30	30
ADN Programs	16	16	16	16	16	16	17	18	18	18
BSN Programs	7	7	7	7	7	7	7	7	7	7
ELM Programs	4	4	4	4	5	5	5	5	5	5
Public Programs	21	21	21	21	22	22	22	23	23	23
Private Programs	6	6	6	6	6	6	7	7	7	7

Admission Spaces and New Student Enrollments

Admission spaces available for new student enrollments declined in 2009-2010 by 14.4% (n=361) over the previous year, reversing the upward trend that had been consistent since 2000-2001. These spaces were filled with a total of 2,640 students, which also represents an 8.1% (n=234) decline in new student enrollment over the previous year. Pre-licensure nursing programs in the Bay Area continue to enroll more students than there are spaces available. The most frequently reported reason for doing so was to account for attrition.[‡]

Availability and Utilization of Admission Spaces

	<i>Academic Year</i>									
	<i>2000-2001</i>	<i>2001-2002</i>	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>	<i>2009-2010</i>
Spaces Available	1,683	1,659	1,806	1,869	2,060	2,193	2,319	2,368	2,513	2,152
New Student Enrollments	1,436	1,524	1,776	1,894	2,091	2,250	2,521	2,752	2,874	2,640
% Spaces Filled	85.3%	91.9%	98.3%	101.3%	101.5%	102.6%	108.7%	116.2%	114.4%	122.7%

[‡] Data were collected for the first time in the 2009-2010 survey.

Bay Area nursing programs receive more applications requesting entrance into their programs than can be accommodated. Although there was a small decline in the number of qualified applications in 2009-2010 over the previous year (n=100), the total has been fairly consistent over the past three years. However, because the number of new student enrollments declined in 2009-2010 compared to 2008-2009, the share of qualified applications that were not accepted for admission to a Bay Area nursing education program increased to 65.0% (n=4,894).

Applications Accepted and Not Accepted for Admission*

	<i>Academic Year</i>									
	<i>2000-2001</i>	<i>2001-2002</i>	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>	<i>2009-2010</i>
Qualified Applications	2,681	2,578	4,015	4,567	5,445	6,623	8,070	7,582	7,634	7,534
<i>Accepted</i>	1,436	1,524	1,776	1,894	2,091	2,250	2,521	2,752	2,874	2,640
<i>Not Accepted</i>	1,245	1,054	2,239	2,673	3,354	4,373	5,549	4,830	4,760	4,894
% Qualified Applications Not Accepted	46.4%	40.9%	55.8%	58.5%	61.6%	66.0%	68.8%	63.7%	62.4%	65.0%

*Since these data represent applications rather than individuals, an increase in qualified applications may not represent equal growth in the number of individuals applying to nursing school.

The overall decrease in new student enrollments in 2009-2010 was the result of declining enrollments in both ADN and BSN programs compared with the previous year. In contrast, new student enrollments in ELM programs increased very slightly. The decline in enrollments was also concentrated in the Bay Area's public nursing education programs.

New Student Enrollment by Program Type

	<i>Academic Year</i>									
	<i>2000-2001</i>	<i>2001-2002</i>	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>	<i>2009-2010</i>
New Student Enrollment	1,436	1,524	1,776	1,894	2,091	2,250	2,521	2,752	2,874	2,640
ADN	745	781	882	961	1,039	1,113	1,332	1,378	1,426	1,313
BSN	531	556	686	672	777	846	872	1,043	1,173	1,031
ELM	160	187	208	261	275	291	317	331	275	296
Private	314	347	428	560	592	664	764	900	1,042	1,037
Public	1,122	1,177	1,348	1,334	1,499	1,586	1,757	1,852	1,832	1,603

Student Completions

The upward trend since 2000-2001 in student completions among nursing programs in the Bay Area continued in 2009-2010, increasing 4.5% (n=105) over the previous year. Of the 2,424 students that completed a nursing program in the Bay Area in 2009-2010, 47.4% (n=1,148) of them completed an ADN program, 40.6% (n=986) completed a BSN program, and 12.0% (n=290) completed an ELM program.

Student Completions

	Academic Year									
	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Student Completions	1,135	1,238	1,305	1,423	1,595	1,752	1,788	2,193	2,319	2,424
ADN	642	659	703	787	821	903	863	993	1,055	1,148
BSN	391	453	443	474	569	639	697	973	979	986
ELM	102	126	159	162	205	210	228	227	285	290

Retention Rate

Of the 2,165 students scheduled to complete a nursing program in the 2009-2010 academic year, 79.3% (n=1,717) completed the program on-time, 7.1% (n=153) are still enrolled in the program, and 13.6% (n=295) dropped out or were disqualified from the program. The retention rate has remained around 80% for the past five years.

Student Cohort Completion and Retention Data

	Academic Year									
	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Students Scheduled to Complete the Program	2,098	1,690	2,025	1,824	2,023	1,781	1,965	2,205	2,293	2,165
Completed On Time	1,504	1,205	1,599	1,455	1,496	1,427	1,591	1,746	1,827	1,717
Still Enrolled	273	259	146	132	120	101	137	153	158	153
Attrition	321	226	280	237	407	253	237	306	308	295
Completed Late [‡]										97
Retention Rate*	71.7%	71.3%	79.0%	79.8%	73.9%	80.1%	81.0%	79.2%	79.7%	79.3%
Attrition Rate	15.3%	13.4%	13.8%	13.0%	20.1%	14.2%	12.1%	13.9%	13.4%	13.6%
% Still Enrolled	13.0%	15.3%	7.2%	7.2%	5.9%	5.7%	7.0%	6.9%	6.9%	7.1%

*Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)

From 2008-2009 to 2009-2010, attrition rates declined by 1.7% in BSN programs and held steady in ELM programs, while rates in ADN programs increased very slightly. ELM and BSN programs have lower attrition rates compared with ADN programs. 2009-2010 attrition rates in private nursing programs increased very slightly over last year, while rates at public programs held constant.

[‡] Data were collected for the first time in the 2009-2010 survey. These completions are not included in the calculation of either the retention or attrition rates.

Attrition Rates by Program Type

Program Type	Academic Year									
	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
ADN	21.5%	17.1%	20.8%	14.4%	24.3%	18.9%	17.0%	21.0%	17.8%	18.4%
BSN	11.2%	13.7%	10.0%	13.0%	15.2%	10.5%	6.5%	6.3%	8.9%	7.2%
ELM	3.3%	1.2%	2.4%	5.4%	16.3%	5.0%	8.8%	5.5%	7.1%	7.2%
Private	11.3%	6.6%	7.6%	4.8%	19.2%	12.3%	9.6%	6.1%	10.2%	10.8%
Public	17.0%	17.8%	18.0%	16.2%	20.5%	15.0%	13.1%	17.2%	14.9%	14.7%

There has been fluctuation in the retention and attrition rates over the ten-year period documented in the above tables. There were changes to the survey between 2003-2004 and 2004-2005, and between 2004-2005 and 2005-2006 that may have affected the comparability of these data over time.

Student Census Data

On October 15, 2010 there were a total of 5,504 students enrolled in Bay Area nursing programs. This number has increased dramatically since 2001, but has stabilized in the past two years.

Student Census Data*

Program Type	Year									
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
ADN Program	1,359	1,376	1,660	1,661	1,885	1,621	1,935	2,208	2,176	2,072
BSN Program	1,660	1,523	1,927	1,971	2,251	2,431	2,179	2,556	2,790	2,890
ELM Program	190	148	338	487	472	422	586	601	592	542
Total Nursing Students	3,209	3,047	3,925	4,119	4,608	4,474	4,700	5,365	5,558	5,504

*Census data represent the number of students on October 15th of the given year.

Clinical Simulation in Nursing Education

All (100%) of the Bay Area schools (n=26) with pre-licensure nursing programs reported using clinical simulation² in 2009-2010, which is the same as in the previous year. Most schools that use clinical simulation centers reported using these facilities to standardize clinical experiences and to provide clinical experience not available in a clinical setting. Only 2 of the 26 schools (7.7%) using a clinical simulation center reported doing so as a means to increase capacity in their nursing programs. Of the 26 schools that used clinical simulation in 2009-2010, 65.4% (n=17) plan to expand their use of clinical simulation.

² Clinical simulation provides a simulated real-time nursing care experience using clinical scenarios and low to high fidelity mannequins, which allow students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

Reasons for Using a Clinical Simulation Center*	2007-2008	2008-2009	2009-2010
To standardize clinical experiences	88.9%	76.9%	84.6%
To provide clinical experience not available in a clinical setting	88.9%	76.9%	80.8%
To check clinical competencies	55.6%	53.8%	76.9%
To make up for clinical experiences	44.4%	38.5%	46.2%
To increase capacity in your nursing program	22.2%	11.5%	7.7%
Number of schools that use a clinical simulation center	18	26	26

*These data were collected for the first time in 2006-2007. However, changes in these questions for the 2007-2008 administration of the survey and lack of confidence in the reliability of the 2006-2007 data prevent comparability of the data. Therefore, data from previous years of the survey are not shown.

Clinical Space & Clinical Practice Restrictions[‡]

More than one-half (63.3%, n=19) of the pre-licensure nursing programs in the Bay Area reported being denied access to 60 clinical placement sites in 2009-2010 that had been available during the 2008-2009 academic year, affecting a total of 788 students. Overall, the most frequently reported reasons for why programs were denied clinical space were competition for space arising from an increase in the number of nursing students in the region, and being displaced by another program. However, there are differences in reasons reported by program type. For example 58.3% of ADN programs reported the site was no longer accepting ADN students. BSN and ELM programs more often reported staff nurse overload as a reason, and 75% of BSN programs reported a decrease in patient census as a reason.

Reasons for Clinical Space Being Unavailable	Program Type			
	ADN	BSN	ELM	Total
	%	%	%	%
Competition for Clinical Space due to Increase in Number of Nursing Students in Region	66.6%	100%	100%	79.0%
Displaced by Another Program	50.0%	75.0%	100%	63.2%
Staff Nurse Overload	33.3%	100%	66.7%	52.6%
Clinical Facility Seeking Magnet Status	50.0%	50.0%	33.3%	47.4%
Decrease in Patient Census	33.3%	75.0%	0.0%	36.8%
Nursing Residency Programs	33.3%	25.0%	33.3%	31.6%
No Longer Accepting ADN Students	58.3%	0.0%	0.0%	36.8%
Other	16.7%	0.0%	0.0%	10.5%
Number of programs	12	4	3	19

[‡] Data were collected for the first time in the 2009-2010 survey.

The majority of nursing schools in the Bay Area, 84.5% (n=22) reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities. The most common types of restricted access students faced were to the clinical site due to a visit from the Joint Commission or another accrediting agency, bar coding medication administration, and access to electronic medical records. Schools reported that it was uncommon to have students face restrictions on direct communication with health care team members, access to glucometers, or access to IV medication administration.

Type of Restricted Access	Percentage of Schools (%)					# Schools
	Very Uncommon	Uncommon	Common	Very Common	N/A	
Bar coding medication administration	0.0%	27.3%	40.9%	27.3%	4.5%	22
Electronic Medical Records	4.5%	22.8%	31.8%	36.4%	4.5%	22
Glucometers	0.0%	55.0%	20.0%	25.0%	0.0%	20
Automated medical supply cabinets	13.6%	27.3%	18.2%	36.4%	4.5%	22
IV medication administration	10.0%	45.0%	25.0%	15.0%	5.0%	20
Clinical site due to visit from accrediting agency (Joint Commission)	0.0%	23.8%	28.6%	47.6%	0.0%	21
Direct communication with health team	19.1%	57.1%	4.8%	14.2%	4.8%	21
Alternative setting due to liability	14.3%	38.1%	9.5%	14.3%	23.8%	21

Faculty Census Data

The total number of nursing faculty in the Bay Area increased by 4.7% (n=39) over the last year, due to an increase in the number of part-time faculty members. On October 15, 2010, there were 875 total nursing faculty. Of these faculty, 36.5% (n=319) were full-time and 63.5% (n=556) were part-time.

Although Bay Area nursing schools continue to report a need for faculty, there were fewer reported vacancies this year. On October 15, 2009, there were 26 vacant faculty positions in the Bay Area. These vacancies represent a 2.9% faculty vacancy rate, a full percentage point lower by comparison with the previous year.

Faculty Census Data¹

	Year									
	2001	2002	2003	2004	2005 ²	2006*	2007*	2008	2009	2010
Total Faculty	475	506	533	579	623	652	802	855	836	875
Full-time	240	252	260	240	190	237	334	333	321	319
Part-time	235	254	273	339	201	415	466	522	515	556
Vacancy Rate**		3.6%	5.8%	3.5%	5.5%	10.7%	4.8%	3.5%	3.9%	2.9%
Vacancies		19	33	21	36	78	40	31	34	26

* The sum of full- and part-time faculty did not equal the total faculty reported in these years.

**Vacancy rate = number of vacancies/(total faculty + number of vacancies)

1 - Census data represent the number of faculty on October 15th of the given year.

2 - Faculty vacancies were estimated based on the vacant FTEs reported.

Summary

Over the past decade, the number of new students enrolled in Bay Area pre-licensure nursing programs has grown by 84% (n=1,204). However, after eight years of continued new student enrollment growth, 2009-2010 was the first year to see a decline. Similarly, between 2000-2001 and 2008-2009, admission spaces grew by 49.3% (n=830), but available spaces declined by 14.4% (n=361) in 2009-2010 over the previous year. Bay Area nursing programs continue to receive more qualified applications than can be accommodated, even though the number of qualified applications to these programs has decreased from a high of 8,070 applications in 2006-2007.

Bay Area nursing programs continue to produce a growing number of RN graduates. The total number of graduates in the region has more than doubled since 2000-2001, from 1,135 graduates in 2000-2001 to 2,424 graduates in 2009-2010. However, just as new student enrollment growth has slowed in recent years, the growth in program completions has also slowed. Retention rates in Bay Area nursing programs have remained around 80% since 2005-2006 and attrition rates have remained around 13% since 2007-2008. If the rate of enrollment growth continues to stabilize or decline and attrition remains at current levels, the number of graduates from Bay Area nursing programs will also stabilize or decline in the next few years.

All of the 26 Bay Area schools with pre-licensure nursing programs reported using clinical simulation in 2009-2010. The importance of clinical simulation is underscored by data collected for the first time in the 2009-2010 survey, which show that 63% of programs (n=19) were denied access to clinical placement sites that were previously available to them. In addition, 85% of schools (n=22) reported that their students had faced restrictions to specific types of clinical practice or to the clinical site itself during the 2009-2010 academic year.

Expansion in RN education has required nursing programs to hire more faculty members to teach the growing number of students. The total number of faculty has increased 84.0% (n=400) since 2001, and the faculty vacancy rate among Bay Area nursing schools in 2009-2010 was the lowest it's been in the past decade. The data suggest that the need for new faculty is being met primarily through the hiring of part-time faculty members.

APPENDIX A – Bay Area Nursing Education Programs

ADN Programs

Cabrillo College
Chabot College
City College of San Francisco
College of Marin
College of San Mateo
Contra Costa College
De Anza College
Evergreen Valley College
Gavilan College
Los Medanos College
Merritt College
Mission College
Napa Valley College
Ohlone College
Pacific Union College
Santa Rosa Junior College
Solano Community College
Unitek College

BSN Programs

CSU East Bay
Dominican University of California
Samuel Merritt University
San Francisco State University
San Jose State University
Sonoma State University
University of San Francisco

ELM Programs

Samuel Merritt University
San Francisco State University
Sonoma State University
University of California San Francisco
University of San Francisco

APPENDIX B – BRN Education Advisory Committee Members

BRN Education Advisory Committee Members

Members

Loucine Huckabay, Chair
 Sue Albert
 Audrey Berman
 Liz Close
 Patricia Girczyc
 Marilyn Herrmann
 Deloras Jones
 Stephanie Leach
 Tammy Rice, MSN, RN
 Scott R. Ziehm, ND, RN

Organization

California State University, Long Beach
 College of the Canyons
 Samuel Merritt University
 Sonoma State University
 College of the Redwoods
 Loma Linda University
 California Institute of Nursing and Health Care
 formerly with California Community College Chancellor's Office
 Saddleback College
 University of California, San Francisco

Ex-Officio Members

Louise Bailey

California Board of Registered Nursing

Project Managers

Carol Mackay
 Julie Campbell-Warnock

California Board of Registered Nursing
 California Board of Registered Nursing

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.6

DATE: April 13, 2011

ACTION REQUESTED: Licensing Program Overview and Statistics

REQUESTED BY: Catherine Todero, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

Program Update:

The Board of Registered Nursing Licensing Program has been processing applications for January graduates wanting to take the NCLEX-RN. Schools are able to provide the Board with information for their graduates a minimum of 4 weeks prior to the graduation date; however, within the last month we have found that some schools are not submitting documentation until after the graduation date. From February 1, 2011 through February 22, 2011, we processed 145 applications for new graduates who attended California Nursing Programs.

The Licensing Program will be facing challenges this spring. We will have the following vacancies: three Key Data Operators (KDOs); one Staff Services Analyst (SSA), the Office Services Supervisor II (OSSII) for the Support Unit and the Program Manager position. All positions are vital to maintain the workflow in the Licensing Unit. The KDOs create the new files that are then directed to the Evaluators for processing. The SSA evaluates and analyzes internationally educated applications. The OSSII supervises the Support Unit to ensure that applicant files are created and distributed to the Evaluators in a timely manner.

In anticipation of the increase in the number of applications the Board will be receiving for new graduates, a meeting was held with the Support Staff. The discussion was how to maintain the workflow with less staff. The determination was made that staff will be cross-trained in all of the existing duties so the processing and evaluating of applications will continue in an efficient and timely manner. The goal is to not create a backlog of applications.

Statistics:

The Department of Consumer Affairs, in conjunction with the Board, continues to provide statistical reports to the Governor's Office and the State and Consumer Services Agency on a monthly basis for the Licensing and Job Creation Report. This project has been on-going since January 2010 and the Board has been an active participant in meeting the goals of the program to contribute towards California's job growth through expeditious and efficient processing of professional pending examination and licensing applications.

The statistics for the last two fiscal years and the first six and one-half months of Fiscal Year 2010/11 are attached. You will note that there is a decrease in the number of applications for

examination, endorsement and repeaters during the last two fiscal years. It is believed that this is due to the economic slowdown and the Boards no longer accepting applications that do not include a United States Social Security Number.

Issues:

- Still receiving questionable transcripts and nursing licenses from the Philippines. For example: four applicants who attended the same nursing program had transcripts sent allegedly from their nursing school. The transcripts were questionable which prompted staff to contact the school. A response was received from an official at the school informing us that none of these four applicants attended that school.
- Another applicant began a nursing program in the Philippines. The applicant left the program in 2000 and returned in 2007. The documentation from the program shows that this applicant completed 136 hours of lectures and 408 hours of clinical practice. These hours were completed in 16 weeks, according to the documentation received from the school; however, the applicant was in the Philippines for only 24 days during this time period.
- Credits given for entire programs such as vocational nursing, nursing assistant and MD level to meet RN course work requirements. The student completes minimal theoretical and clinical course work prior to receiving the degree as a Registered Nurse.
- Modular distance learning programs offering self-directed and/or independent study. These students have only occasional interaction with an assigned tutor, and how, when and where the clinical practice is completed is questionable. .
- Staff is looking more carefully at documents from a school in Indonesia. The education is being validated by a former school official. This person has not been affiliated with the school for at least the last three years.
- Still receiving applications from students who attended on-line programs offering degrees based on work and/or experiences and the degree is awarded in as little as 7 days. A transcript for an applicant who completed one of these programs was sent from a company based in the United Arab Emirates.

NEXT STEP:

None

FISCAL IMPLICATIONS, IF ANY:

None

PERSON(S) TO CONTACT:

Bobbi Pierce, Staff Services Manager I
Licensing Program
(916) 574-7668

**CALIFORNIA BOARD OF REGISTERED NURSING
LICENSING STATISTICS**

	FISCAL YEAR 2008/09			FISCAL YEAR 2009/10			FISCAL YEAR 2010/11 7/1/2010 – 2/22/2011		
DESCRIPTIONS	APPS RECEIVED	**APPS PENDING	LICENSES & CERTS ISSUED	APPS RECEIVED	**APPS PENDNG	LICENSES & CERTS ISSUED	APPS RECEIVED	**APPS PENDING	LICENSES & CERTS ISSUED
REGISTERED NURSE – EXAMINATIONS ENDORSEMENTS & REPEAERS	50,504	8,398	23,624	44,516	7,492	23,357	21,852	6,991	15,870
CLINICAL NURSE SPECIALISTS	246	13	216	240	27	204	136	39	133
NURSE ANESTHETISTS	142	1	129	139	4	124	110	16	109
NURSE MIDWIVES	38	0	45*	42	0	38	33	3	38
NURSE MIDWIFE FURNISHING NUMBER	37	0	35	37	2	32	11	2	13
NURSE PRACTITIONERS	817	0	804	937	9	854	554	82	671
NURSE PRACTITIONER FURNISHING NUMBER	704	2	680	670	7	598	418	97	430
PSYCH/MENTAL HEALTH LISTING	9	1	6	5	1	4	5	3	3
PUBLIC HEALTH NURSE	2,148	98	1,997	2,538	120	2,373	1,644	145	1,778

*Nurse-Midwife applicants are often educated outside of the United States and must remediate course work prior to certification.

**Applications pending – Initial evaluation is complete; additional documentation required to complete file or applicant need to register with the testing service, Pearson VUE.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.7
DATE: April 13, 2011

ACTION REQUESTED: Information only – NCLEX Pass Rate Update

REQUESTED BY: Catherine Todero, PhD, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for 12 months and by each quarter.

NCLEX RESULTS – FIRST TIME CANDIDATES
January 1, 2010 – December 31, 2010*/**

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California	11,371	87.53
United States and Territories	140,883	87.42

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES
By Quarters and January 1, 2010-December 31, 2010*/**

1/01/10- 3/01/10		4/01/10- 6/30/10**		7/01/10- 9/30/10		10/1/10- 12/31/10		10/01/10- 12/31/10	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
3,840	89.79	2,114	89.92	4,423	86.03	994	80.38	11,371	87.53

**Includes (9), (6, (6)& (2) “re-entry” candidates.*

*** 2010 NCLEX-RN Test Plan and a higher passing standard (-0.16 logits) were implemented April 1, 2010.*

The Nursing Education Consultants monitor the NCLEX results of their assigned programs. Current procedure provides that after each academic year (July 1 – June 30), if there is substandard performance (**below 75% pass rate for first time candidates annually**), the NEC requests the program director submit a report outlining the program's action plan to address this substandard performance. Should the substandard performance continue in the second academic year, an interim visit is scheduled and a written report is submitted to the Education/Licensing Committee. If there is no improvement in the next quarter, a full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

NEXT STEP: Continue to monitor results

FINANCIAL IMPLICATIONS, IF ANY: None

PERSON(S) TO CONTACT: Katie Daugherty, Nurse Education Consultant
(916) 574-7685

California Board of Registered Nursing

**NCLEX-RN Pass Rates First Time Candidates
Comparison of National US Educated and CA Educated Pass Rates
By Degree Type**

Academic Year July 1, 2010-June 30, 2011

Academic Year July 1-June 30	July-Sept #Tested % Pass	Oct-Dec #Tested % Pass	Jan-Mar #Tested % Pass	April-June #Tested %Pass	2010-2011 Cumulative Totals
National US Educated- All degree types *	53,342 (84.8)	12,037 (81.7)			
CA Educated- All degree types*	4,425 (86.0)	994 (80.3)			
National-Associate Degree rates**	30,237 (84.0)	6,947 (79.9)			
CA-Associate Degree rates**	2,888 (86.0)	573 (78.5)			
National-BSN+ELM rates***	21,547 (85.8)	4,631 (83.8)			
CA-BSN+ELM rates***	1,530 (86.0)	419 (82.8)			

*National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.

**National and CA rates reported by specific degree type include only the specific results for the AD or BSN+ELM categories.

*** Historically, ELM programs have been included in the BSN degree category by NCSBN.

Note: This report includes any quarter to quarter corrections NCSBN has made in data.

Source: National Council of State Boards Pass Rate Reports